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Fill in this information to identify the case:							
United States Bankruptc	y Court for th	ne:					
_ Northern	_ District of	Illinois State)					
Case number (If known): _			Chapter _7				

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Pá	art 1: Identify the Chapte	r of the Bankruptcy Code Under Which Petition I	s Filed
1.	Chapter of the Bankruptcy Code	Check one: Chapter 7 Chapter 11	
Pá	art 2: Identify the Debtor		
2.	Debtor's name	Lift Off Chicago, LLC	
3.	Other names you know the debtor has used in the last 8 years		
	Include any assumed names, trade names, or doing business as names.		
4.	Debtor's federal Employer Identification Number (EIN)	☑ Unknown	
	, ,	EIN	
5.	Debtor's address	Principal place of business	Mailing address, if different
		55 W. WACKER Number Street SUITE 750	Number Street
		SUITE 750	P.O. Box
		$\begin{array}{c c} \text{CHICAGO} & \text{IL} & \underline{\text{60601}} \\ \hline \text{City} & \text{State} & \underline{\text{ZIP Code}} \end{array}$	City State ZIP Code
			Location of principal assets, if different from principal place of business
		UNITED STATES OF AMERICA County	Number Street
			City State ZIP Code

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Case number (if known)

Lift Off Chicago, LLC

Debtor

	Name		
6.	Debtor's website (URL)		
7.	Type of debtor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other type of debtor. Specify:	_
8.	Type of debtor's business	Check one:	
		 □ Health Care Business (as defined in 11 U.S.C. § 101(27A)) □ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) □ Railroad (as defined in 11 U.S.C. § 101(44)) □ Stockbroker (as defined in 11 U.S.C. § 101(53A)) □ Commodity Broker (as defined in 11 U.S.C. § 101(6)) □ Clearing Bank (as defined in 11 U.S.C. § 781(3)) ☑ None of the types of business listed. □ Unknown type of business. 	
9.	To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?	No Yes. Debtor Relationship District Date filed Case number, if known Debtor Relationship	
		District Date filed Case number, if known	
	Report About the	Case	
10.	. Venue	 Check one: Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district. 	
11	. Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.	
12	Has there been a transfer of any claim against the debtor by or to any petitioner?	No☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).	

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Debtor <u>Lift Off Chicago</u> ,	LLC	Case number (# kirown)	
13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Special Events Rentals, LLC	Vendor	\$_1,641.41
	Carlos Magana	Vendor	s 10,000.00
	Norma Martinez	Vendor	\$_7,800.00
	_	Total of petitioners' claims	\$_19,441.41

If more space is needed to fist petitioners, attach additional sheets. Write the alteged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4:

Request for Relief

Petitioners or Petitioners' Representative

•WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

Attornevs

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Special Events Rentals, LLC					
Name			Printed name		
1105 W CYPRESS DRIVE		AMO.	Firm name, if any		
Number Street	33,000,000		i ilii Hanio, k ony		
ARLINGTON HEIGHTS	IL	60005	-		
City	State	ZIP Code	Number Street		
Name and mailing address of	f petitioner's rep	resentative, if any	City	State	ZIP Code
Name		-100 N-2	Contact phone	Email	
Number Street	F		Bar number	***	
			State		
City	State	ZIP Code			
I declare under penalty of perju	ry that the forego	ing is true and correct.			
Executed on $\frac{4-17-201}{MM / DD / YYYY}$	7		×		
Hon Buono			Signature of attorney		
JUN poworo			Date signed		

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Lift Off Chicago, LLC Debtor Case number (if known) Name and mailing address of petitioner Carlos Magana Printed name Name 3924 W 55 Place Firm name, if any Number Street Chicago 60629 Number Street City State ZIP Code City Name and mailing address of petitioner's representative, if any Email Contact phone Name Bar number Number Street State City State ZIP Code I declare under penalty of perjury that the foregoing is true and correct. Executed on 04/16/2019 Signature of attorney Date signed Signature of petitioner or representative, including representative's title MM / DD / YYYY Name and mailing address of petitioner Printed name Name Firm name, if any Number Street Street Number City State ZIP Code ZIP Code Name and mailing address of petitioner's representative, if any Contact phone Email Name Bar number Number Street State City State ZIP Code I declare under penalty of perjury that the foregoing is true and correct. X MM / DD / YYYY Signature of attorney

Signature of petitioner or representative, including representative's title

Date signed

MM / DD / YYYY

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Name and mailing addre	ess of petitioner				
Norma Martinez	ess or pouttoner				
Name			Printed name		
205 W 41st Street			Firm name, if any		
Westmont	IL	60559			
City	State	ZIP Code	Number Street		
		ZII COOG			
Name and mailing addre	ess of petitioner's rep	resentative if any	City	State	ZIP Code
		. coolinative, is unly	Contact phone		
Name		to the second se	Contact phone	Email	
			Bar number		
Number Street					
			State		
City	State	ZIP Code			
I declare under penalty of	f narium that the forces	ing is touch and account			
	perjary that the lorego	ing is true and correct.			
Executed on 0911612	2019		×		
A MINI TODIT	.11		Signature of attorney		
Vlooning 1	Mr. of				
Signature of petitioner or repr	resentative, including repre	esentative's title	Date signed MM / DD	TYYYY	
		esentative's title	Date signed MM / DD	TYYYY	
Name and mailing addre		esentative's title	MM / DD	TYYYY	
Signature of petitioner or repr Name and mailing addre		esentative's title	MM / DD	TYYYY	
Name and mailing addre		esentative's title ZIP Code	MM / DD	/ YYYY	
Name and mailing addre	ess of petitioner		Printed name Firm name, if any	TYYYY	
Name and mailing addre	ess of petitioner	ZfP Code	Printed name Firm name, if any	/ YYYY State	ZIP Code
Name and mailing addre	ess of petitioner	ZfP Code	Printed name Firm name, if any Number Street	State	ŽíP Code
Name and mailing addre	ess of petitioner	ZfP Code	Printed name Firm name, if any Number Street City	State	
Name and mailing addre	ess of petitioner	ZfP Code	Printed name Firm name, if any Number Street City Contact phone	State	***************************************
Name and mailing address Name Name Name Name Name Name Name Name	ess of petitioner	ZfP Code	Printed name Firm name, if any Number Street City Contact phone	State Email	***************************************
Name and mailing address Name Name Name Name Name Name Name Name	ess of petitioner	ZfP Code	Printed name Firm name, if any Number Street City Contact phone	State Email	***************************************
Name and mailing addre	ess of petitioner	ZfP Code	Printed name Firm name, if any Number Street City Contact phone Bar number	State Email	***************************************
Name and mailing addre	State State State State	ZIP Code resentative, if any	Printed name Firm name, if any Number Street City Contact phone Bar number State	State Email	***************************************
Name and mailing addre	State State State State	ZIP Code resentative, if any	Printed name Firm name, if any Number Street City Contact phone Bar number State	State Email	***************************************
Name and mailing address lumber Street lity lame and mailing address ame umber Street	State State State State perjury that the foregoing	ZIP Code resentative, if any	Printed name Firm name, if any Number Street City Contact phone Bar number State	State Email	***************************************
Name and mailing addre	State State State State perjury that the foregoing	ZIP Code resentative, if any	Printed name Firm name, if any Number Street City Contact phone Bar number State	State Email	***************************************

Official Form 205

Involuntary Petition Against é Non-Individual

page 5

Sales Receipt



Be clean and clear!

Date 07/20/2018 Receipt # 348

Carlos Magana SOLD Sandra Hernandez Phone 773-615-0153 alcorchasg@yahoo.com

> Chicago IL 60640 Phone 773-769-3400

> > Sales Tax Total

\$3,000.00

Payment Method	Check No.	Job
Please address checks to Antonia Garcia		Labor for setting up, installing tents, and rental for tents

Description	Unit Price	Discount	L	ine total
15'X15' Tent	\$700			700.00
10'X10' Tent	\$1000			1000.00
60'X30' Tent	\$1,300			1300.00
		Total Discount		
			Subtotal	

Thank you for your business!

Sales Receipt

Carlos Magana SOLD Sandra Hernandez Phone 773-615-0153 TO Viva Entertainment alcorchasg@yahoo.com 1106 W Lawrence Ave

Chicago IL 60640 Phone 773-769-3400

Payment Method	Check No.	Job
Please address checks to Antonia Garcia		Labor for setting up and installing tents, VIP tent and patio

Description	Unit	Discount	Line total Price
Set Up Labor			
Clean Up Labor Throughout Event			
Tear-Down Labor Post Event			

Total Discount		
	Subtotal	
	Sales Tax	
	Total	
		\$7,000.00

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Thank you for your business!

INVOICE

Norma Martinez 205 W 41st Street Westmont, IL 60559 312-576-7466 Date: 8/16/2018 INVOICE # 100

Bill

То

Lift Off Chicago, LLC 55 W Wacker Dr Chicago, IL 60601

5 months of event planning and coordinating services rendered for Lift Off Chicago Festival August 11-12, 2018.

Professional Fees Less Payment Rcv'd Balance Due \$12,000.00 (\$ 4,200.00) \$ 7,800.00

DATE 13 Aug, 2018

FROM: SPECIAL EVENT RENTALS, LTD

1105 CYPRESS DRIVE

ARLINGTON HEIGHTS, IL 60005

PHONE: 708-450-9600 FAX: 847 259 5156

serentals@sbcglobal.net

TO:

Lift Off Chicago, LLC

55 W Wacker Dr Suite 750

Chicago, IL 60606

Attn:

Normar Martinez

312-576 7466

norma@lof18.c0m

For Labor and Services:

DAMAGES & EXTRA CARTS

Quantit	у				Unit Price	Amount
3 3	4 seat golf carts for carts filled w/gas	2 days	(delivered Sat	8-11-18)	\$170.00 \$20.00	\$510.00 \$60.00
1	remove & replace bro	ken rack & p	oinion steering asse	mbly # SRA 2000	\$220.74	\$220.74
1	remove & replace bro	ke tie rod en	d left side	TRE 200L	\$27.40	\$27.40
1	remove & replace ben	it front brush	guard	BG 2000	\$170.00	\$170.00
5.5	hours labor				\$75.00	\$412.50
1	service call charge	(remove	& exchange 2 da	maged carts)	\$200.00	\$200.00

Location: Union Park

Ogden & Randolph

Chicago

TERMS: PAYMENT IS DUE UPON RECEIPT

Sub Total \$1,600.64 Sales Tax \$40.77 TOTAL \$1,641.41